MEDICINE TODAY

Current comment on medical progress, reviews of selected books and periodic literature, by contributing editors.

Dermatology and Syphilology

Lupus erythematosus has earned the reputation of being one of the most obstinate conditions encountered in dermatological practice. Although not a common disease it occurs often enough [1] (about once in three hundred skin cases) to constitute a serious problem. Usually the eruption spreads itself across the center of the face in a very disfiguring manner. The etiology is still a matter of dispute, some investigators attributing it to a focus of tuberculous infection somewhere within the body, others regarding it as a toxic injury from some non-tuberculous focus, such as infected tonsils or teeth. Many instances are on record in which a most careful search has failed to reveal any evidence of tuberculosis, and where removal of all suspicious foci of infection has failed to influence the eruption.

The recent announcement of Schamberg and Wright [2] of the use of gold and sodium thiosulphate (sanocrysin) in the treatment of lupus erythematosus marks an important advance in dermatological therapeutics. These authors review the literature on gold therapy in this condition and report an additional twenty-five cases with the following results: complete disappearance of the eruption in five cases; almost complete disappearance in six cases; improvement in twelve cases, some of which are still under treatment; no improvement in one. One patient died.

They are the first to use gold and sodium thiosulphate for lupus erythematosus. Other preparations of gold, especially krysolgan (4-amino-2-aurothiophenol carbonic acid) have been used during the past six years, although Ruete employed gold potassium cyanide in two cases in 1913. Summarizing the cases reviewed by Schamberg and Wright which had been traded by various men, mostly in Germany and Austria, the following results may be noted: cured, 48; much improved, 10; slightly improved, 12; no change, 7; aggravated, 4; died, 2. This gives a total of eighty-four cases of which 57 per cent were cured.

Synocrysin, which was perfected and carefully studied by Mollgard,[3] is considerably less toxic than krysolgan; the former is tolerated intravenously in rats in doses of 35 mg. per kilogram body weight as against only 20 mg. per kilogram for krysolgan. Krysolgan, however, contains a greater amount of gold. In their series of cases Schamberg and Wright employed the gold and sodium thiosulphate intravenously in doses ranging from 50 mg. dissolved in 2 cc. of sterile distilled water, up to 100 mg., at intervals of five to seven days. In the cases which were cured or markedly improved, from two to twenty injections were given. One patient received 100 injections. A number of patients in this series had been given other preparations of gold before beginning gold and sodium thiosulphate. One patient who inadvertently received six times the maximum dose (600 mg. once a week for four injections) did not suffer any serious consequences other than malaise and general depression, but doses of this size are not advisable at the present time.

Toxic reactions which were occasionally encountered were usually not serious, consisting for the most part of fever, chills, occipital headache, nausea, vomiting and various types of rashes (including urticarial erythematous, lichenoid, exfoliative and eczematous types). Uterine bleeding and transitory albuminuria, with blood and casts, have also been observed. Several instances of focal reactions were noted. The authors urge great care in the treatment of disseminate lupus erythematosus; they feel that the fatal acute attack in one of their patients may have been induced by the treatment.

Lesions of lupus erythematosus which had received previous treatment with x-ray were much more refractory than other lesions in the same patient which had not received x-ray.

The authors do not advance any explanation for the almost specific action of gold in lupus erythematosus. The results are much more satisfactory in this condition than in lupus vulgaris, which is a known tuberculous disease with tubercle bacilli actually present in the skin.

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1. Darier and Pollotzer: Textbook of Dermatology, Phil. and N. Y. Lea & Febiger, 1920.
2. Schamberg and Wright: Arch. Derm. and Syph, 15 : 119, 1927.
3. Mollgard: The Chematherapy of Tuberculosis, Copenhagan, Burk, 1924.

Industrial Medicine

Toxic Hazards in Industrial Medicine—Toxic hazards have come to occupy a rather important place in industrial medicine. Sometimes chemical substances are very widespread in their usage, so that they become not only industrial problems but public health problems as well. Such was the case presented by the commercial introduction of tetraethyl lead, which is used as an "antiknock" compound, by mixing it with ordinary gasoline for fuel uses in motor cars.

The United States Public Health Service has issued a series of regulations which provide for (1) the manufacture and blending of tetraethyl lead, (2) for mixing with gasoline, (3) for distribution of ethyl gasoline, and (4) "proposed regulations for automobile garages, repair shops, service stations, and filling stations." It is an interesting fact that the controversy which followed the introduction of tetraethyl lead also gave rise to regulations affecting the general conduct of all places where automotive vehicles are housed, repaired or restocked with fuel.

The Ethyl Gasoline Corporation has also issued some regulations for the handling of ethyl fluid, written by the medical director, Dr. R. A. Kehoe.[1] Practically all unfavorable effects of exposure are

1. Rules and Regulations Governing the Handling of Ethyl Fluid. Dr. R. A. Kehoe. Abstro. by Journ. Indust. Hyg., 9 : 4, January, 1927.